Washington State Native American Advisory Committee	Education			
1. Board/Commission Name (B/C)		2. Name B/	C reported under in 2001 o	or Unchanged 🗵
OSPI		1975	17	varies
3. Agency to which B/C reports		ear B/C was stablished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: Meet with OSPI personnel to advise, recomme Native children; assist in strengthening all edu parents of American Indian/Alaska Native child	cation affecting Ameri	ican Indian/Alaska Nativ		
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Account	Sources of F nd sources, e.g., G.F. State , etc. propriated or "N" if non-ap	e, State Building Code
2001-2003 Biennium Actual	\$5,150.00	GF-State		
2003-2005 Biennium Estimate	\$6,000.00	GF-State		
9. Expected consequences if Board/Comm transferred to another agency (specify), or		ed and responsibilities	s: a) were assigned to exist	ting/additional staff, b) were
a) Loss of identity with American Indian/Alaska Native communities.	b) It would be justify its ex	incongruous with no m xistence	Ameri comm	would have little or no input from ican Indian/Alaska Native nunities regarding the educatin of a children.
10. Legal authorization: State Constitution	Article, RCW, WAC	or EO 1	1. Legal Authorization is:	
None		[	☐ Specific ⊠ General	
12. Appointing Authority: OSPI		1	3. Is Senate confirmation	required?
14. Does Board/Commission have subpoer	na nowars?	<u>_</u>	<ul><li>Yes ⊠ No</li><li>Board/Commission me</li></ul>	mbor componentian class
Yes No	ia powers:	. [	one two three	•
<b>16. Required Representation:</b> Western Washington: 3 Urban Indian Rep., 2 Eastern Washington: 2 Urban Indian Rep., 3				
17. Federal or other mandates:		1		tions state, local or private, e mandates listed in number 17:
None			None	
19. Certification:				
I hereby certify via electronic	submittal that the al	bove information is cor	mplete and correct to the be	est of my knowledge.
JoanBanker, Secretary Admin./Indian Ed	7/17/03		200, Olympia WA 98504	725-6160
Name and Title	Date	Address		Phone

Natural Heritage Advisory Council		Same			
Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged			
Department of Natural Resources		1981	10	8	
3. Agency to which B/C reports	4. Year B establ		5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Responsibilities: Approves sites recommended as Natural Area (as well as WDFW and State Parks) regarding					
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs				
2001-2003 Biennium Actual	\$6325	General Fund	- State A		
2003-2005 Biennium Estimate	\$6500	General Fund	- State A		
<ul> <li>9. Expected consequences if Board/Comm transferred to another agency (specify), or</li> <li>a) Public oversight of DNR's Natural Heritage and Natural Areas programs would be lost. Specifically, the oversight of objective, scientific decisions would be lost</li> <li>10. Legal authorization: State Constitution RCW 79.70.070</li> <li>12. Appointing Authority: Commissioner of</li> </ul>	c) were dropped.  b) Same as "a" unl independent adv scientists and not scientists and no	ess the other ager vising group that ir on-scientists alike.	ncy had an c) Same a an inde an included an includer  11. Legal Authorization is:  Specific  General  13. Is Senate confirmation re	is "a" unless the other agency had pendent advising group that d scientists and non-scientists alike.	
14. Does Board/Commission have subpoe	na powers?	<u>L</u> 1	Yes No No 15. Board/Commission mem	ber compensation class	
☐ Yes ⊠ No	•		⊠ one ☐ two ☐ three ☐	•	
16. Required Representation: The 10 voting members are appointed by the ecology, zoology, geology, botany, wildlife bio representative thereof) and 1 is to be filled by DNR, WDFW, State Parks, DOE and the IAC.	logy, etc. Of the remaining an agricultural landowner (c	5 positions, 3 are	at-large, 1 is to be filled by a ti	mberland owner (or a	
17. Federal or other mandates:  None		1	Other existing organizatic could satisfy the manda N/A	ons state, local or private, which tes listed in number 17:	
19. Certification: I hereby certify via electron	ic submittal that the above	e information is co	omplete and correct to the be	st of my knowledge.	
John Gamon, Natural Heritage Program Mana	,		14, Olympia, WA 98504-7014	360-902-1661	
Name and Title (This pers		Address or accurate transn	nittal of the above information.)	Phone	

<b>Board of Natural Resources</b>				
1. Board/Commission Name (B/C)	2. Name B/C re	ported under in 2001 or	Unchanged 🖂	
Department of Natural Resources		1957	6	16
3. Agency to which B/C reports	4. Year B/e establis		5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: To establish policies to guide land and resource BNR also serves as the Harbor Lines Commiss boundaries for commerce or navigation.	es management, approve or sion which establishes, rees	r disapprove timber a tablishes or relocates	nd mineral sales, trust land the harbor lines in the sta	d transfers or exchanges. The te's navigable waters to define
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs			
2001-2003 Biennium Actual	\$69,600		ate – Resource Manager	nent Cost Account & Forest
2003-2005 Biennium Estimate	\$79,000	General Fund – St Development Acco		nent Cost Account & Forest
9. Expected consequences if Board/Committransferred to another agency (specify), or of		responsibilities: a)	were assigned to existin	g/additional staff, b) were
a) This board approves or disapproves land transactions and policies. This would create more work for staff.				
10. Legal authorization: State Constitution	Article, RCW, WAC or EO	11. L	egal Authorization is:	
RCW 43.30		⊠ s	pecific 🗌 General	
12. Appointing Authority: RCW 43.30.040			s Senate confirmation re	quired?
14. Does Board/Commission have subpoer	na powers?		Board/Commission meml	per compensation class
☐ Yes ⊠ No	•	⊠ oı	ne 🗌 two 🔲 three 🗀	four
16. Required Representation:				
The Governor or the Governor's designee; the Resources at the University of Washington; the elected by the legislative authorities. The cour	Dean of the College of Agr	iculture at Washington	n State University; and a re	epresentative of the counties
17. Federal or other mandates: N/A	18. Other existing organizations state, local or private, whic could satisfy the mandates listed in number 17:  N/A			
19. Certification: I hereby certify via electron	nic submittal that the above	information is comp	plete and correct to the be	est of my knowledge.
Farra Arnold	8/25/03 PC	D Box 47001, Olympia	a, WA 98504-7001	(360) 902-1055
Name and Title (This person	Date Ac on assumes responsibility for	ddress r accurate transmittal	of the above information.)	Phone

Naturopathy Advisory Committee			у		
1. Board/Commission Name (B/C)		2. Name E	3/C reported under in 2001 or L	Jnchanged □	
Washington State Department of Health		1987 5 4			
3. Agency to which B/C reports		r B/C was ablished	5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Responsibilities: The members serve for designated times and	provide advice on matte	rs specifically identil	fied and requested by the secret	ary	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accoun	Sources of Fun und sources, e.g., G.F. State, S at, etc. opropriated or "N" if non-appro	State Building Code	
2001-2003 Biennium Actual	\$35,000	1) Health Pro 2) A	fessions Account		
2003-2005 Biennium Estimate	\$37,000	1) Health Pro 2) A	fessions Account		
9. Expected consequences if Board/Comm transferred to another agency (specify), or		and responsibilitie	es: a) were assigned to existinç	g/additional staff, b) were	
a) The impact of losing committee direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.	be lost. Most likely agency is the Department elsewhere. would of Licensing. xpense pay for e on  of ion, and s				
10. Legal authorization: State Constitution	Article, RCW, WAC or	EO	11. Legal Authorization is:		
RCW 18.36A/WAC 246.836			Specific ☐ General		
12. Appointing Authority: Secretary, Depart	ment of Health		<ul><li>13. Is Senate confirmation red</li><li>☐ Yes ☒ No</li></ul>	quired?	
14. Does Board/Commission have subpoer ☐ Yes ☐ No	na powers?		15. Board/Commission memb ☐ one ☐ two ☐ three ☐		
16. Required Representation:					
The secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary of the secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary may appoint a five member unaffiliated with the secretary may appoint a five member unaffiliated with the secretary may appoint a five member unaffiliated with the secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary may appoint a five member unaffiliated with the profession. The advisory of the secretary may appoint a five member unaffiliated with the profession.	advisory committee. Th committee members to s	serve in an advisory	capacity to the secretary.	ns state, local or private, which	
19. Certification:					
I hereby certify via electronic	submittal that the above	ve information is co	omplete and correct to the best	of my knowledge.	
Holly Rawnsley, Program Manager	07/17/2003	310 Israel Rd SE, MS: 47869	Tumwater WA 98501	(360) 236-4941	
Name and Title (This person	Date on assumes responsibilit	Address by for accurate trans	mittal of the above information.)	Phone	

North Coast Local Loan Board					
1. Board/Commission Name (B/C)  2. Name B/C reported under in 2001 or Unchar			Unchanged 🗵		
CTED		198	6	7	1
3. Agency to which B/C reports		4. Year B/C w establishe	vas d	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: Review and approve or deny applications for form	unding busines	s projects to for-	profit business and	d public entities within Cla	llam and Jefferson counties.
8. Estimated Operating Costs (Boards/Commissions Only)		Total Sources of Funds Costs 5) Enter fund sources, e.g., G.F. State, State Building C Account, etc. 2) "A" if appropriated or "N" if non-appropriated			State Building Code
2001-2003 Biennium Actual	300		ederal/appropriat		
2003-2005 Biennium Estimate	300	F	ederal/appropriat	ted	
Expected consequences if Board/Comm transferred to another agency (specify), or			sponsibilities: a)	were assigned to existin	ng/additional staff, b) were
a) cannot per EDA grant rules	b) sam	e as a)		c) same a	s a)
10. Legal authorization: State Constitution	Article, RCW,	WAC or EO		egal Authorization is:	
RCW 43.63A			□ S <sub>I</sub>	pecific 🛛 General	
12. Appointing Authority: CTED Director			13. Is	Senate confirmation re	equired?
			☐ Y	es 🛛 No	
14. Does Board/Commission have subpoer	na powers?		15. B	Soard/Commission mem	ber compensation class
☐ Yes ☒ No			☐ oı	ne 🗌 two 🗌 three 🗌	] four
16. Required Representation:					
2 in finance, 1 in business, 1 EDC, 1 elected, 1	minority. All n	nust live in Calla	m or Jefferson Cou	unty	
17. Federal or other mandates: U.S. Dept of Commerce, EDA			(	ther existing organization could satisfy the mandat none	ons state, local or private, which tes listed in number 17:
19. Certification:					
I hereby certify via electronic	submittal that	t the above infor	mation is comple	te and correct to the bes	t of my knowledge.
Jim Keogh, Managing Director	7/22/03			ia, WA 98504-2525	725-4041
Name and Title	Date	Addr	222		Phone

Northwest Interstate Compact Com Level Radioactive Waste Manageme					
Board/Commission Name (B/C)					
None		1981	8	3	
3. Agency to which B/C reports		4. Year B/C was 5. Number of established 5. Number of members last bienni			
7. Summary: Primary Responsibilities: To undertake the cooperation necessary amor economical management of low-level radioacti			safety of the citizens of the party	states and to provide for the	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accou	Sources of Fun fund sources, e.g., G.F. State, S int, etc. appropriated or "N" if non-appro	State Building Code	
2001-2003 Biennium Actual	\$112,000	General Fur disposal fac A	nd P/L ( site use permits fees fo cility)	r the Richland, Washington	
2003-2005 Biennium Estimate	\$112,000	Fund 125-0 disposal fac	90 (site use permit fees for the F cility	Richland, Washington	
9. Expected consequences if Board/Comm transferred to another agency (specify), or of		•	ies: a) were assigned to existing	g/additional staff, b) were	
a) If the compact were abolished the ability to deny access to the region for disposal of out-of-region low-level radioactive waste would be lost. The commercial disposal facility located in the state of Washington would be forced to accept waste from states throughout the nation.	b) same as A		c) same as	A	
10. Legal authorization: State Constitution	Article, RCW, WAC or EO	1	11. Legal Authorization is:		
Chapter 43.145 RCW			Specific ☐ General		
12. Appointing Authority: Governors of each member to represent their state	n member state apoint a cor	mmittee	13. Is Senate confirmation red  ☐ Yes ☐ No	quired?	
14. Does Board/Commission have subpoer	na powers?		15. Board/Commission memb	per compensation class	
☐ Yes ⊠ No	•		⊠ one □ two □ three □	four	
16. Required Representation: One committee member is appointed by the go	overnor of each member sta	ite (8 total)			
17. Federal or other mandates: No		,	18. Other existing organization could satisfy the mandate None	ns state, local or private, which es listed in number 17:	
19. Certification: <i>I hereby certify via electron</i>	nic submittal that the above	e information i	's complete and correct to the be	st of my knowledge.	
Mike Garner			cology, Nuclear Waste Program, I WA 98504-7600	P.O. Box 360/407-7102	
Name and Title		ddress		Phone	

Washington State Noxious Weed Co	ontrol Board				
Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged 🖂			nged 🗵
Department of Agriculture		1969	12		12
3. Agency to which B/C reports	4. Year B/ establis	C was shed	5. Number o members	f 6	. Number of meetings last biennium
7. Summary: Primary Responsibilities: The Washington State Noxious Weed Control regarding noxious weed control in Washington weed control program and has rule making aut State Noxious Weed List and has shared responsibility that Department of Agriculture and county of state funds for noxious weed control. The Weed coordination center. Through its actions noxious weed control boards and weed district	. It is responsible for policy hority. It is responsible for tonsibilities for the implemen noxious weed control board vashington State Noxious Wand policy decisions it direct	development the development tation of the station. It advises the development the station of the	with respect to Washington and adoption of the Wate's noxious weed law (he state legislature on thooard serves as the state	on's noxious lashington 17.10 RCW) e best use s noxious	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accour	fund sources, e.g., G.F. St		ng Code
2001-2003 Biennium Actual	\$44,131	General Fun		рргорпасси	
2003-2005 Biennium Estimate	\$45,311	General Fun	d State/A		
Expected consequences if Board/Commitments     transferred to another agency (specify), or or		ı I responsibilit	ies: a) were assigned to	o existing/addi	tional staff, b) were
a) Quality of state noxious weed program would be diminished. Political repercussions from statewide support base. County weed boards would not be represented at the state level.	b) Costs would be tr agency. Departm would be the only of experience the decrease effectiv	ent of Natural  other logical  re could increa	Resources agency. Lack	would be dimin disband their w environment an	e noxious weed program ished. Some counties would yeed boards. The state's nd economy would be ncontrolled noxious weeds.
10. Legal authorization: State Constitution	Article, RCW, WAC or EO		11. Legal Authorizati	on is:	
RCW 17.10			Specific Gene	ral	
12. Appointing Authority: Director of Agricu elect 4; Local weed districts elect 1; Wasl appoints 1			13. Is Senate confirm  ☐ Yes ☐ No	nation required	?
14. Does Board/Commission have subpoer	na powers?		15. Board/Commission	on member co	mpensation class
☐ Yes ☒ No			⊠ one □ two □ t	hree 🗌 four	
16. Required Representation:					
4 members - county noxious weed boards; 1 m members - public interest; 1 member - Director				of Counties; 2	
17. Federal or other mandates: None			18. Other existing orc could satisfy the None		te, local or private, which ed in number 17:
19. Certification: I hereby certify via electron	nic submittal that the above	e information i	is complete and correct	to the best of n	ny knowledge.
Steve McGonigal, Executive Secretary			Olympia, WA 98504-25	660	(360) 902-2053
Name and Title	Date A	ddress			Phone

Nursing Care Quality Assurance Co	mmission			
1. Board/Commission Name (B/C)		2. Name B	/C reported under in 2001 or U	nchanged 🛚
Washington State Department of Health		1994	11	28
3. Agency to which B/C reports	4. Year B establi		5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: (1) Examine applicants for licensure, 2) Establi schools of nursing, 5) Approve establishments locations, 7) Investigate alleged violations, hold skills as a basis for safe practice, 9) Define by 11) Adopt rules and regulations for nursing assemonitoring of disciplined chemically addicted in	of basic nursing educationary d hearings and discipline viol regulation specialized or ac sistant practices, 12) Determ	al programs, 6) E plators of law, 8) Ivanced practice, nine educational	stablish criteria as to need for ed Establish criteria for proof of reas 10) Adopt rules and regulations requirement and approve NAC p	lucational programs/geo sonable current knowledge and on scope of nursing practice,
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accoun	Sources of Fund and sources, e.g., G.F. State, S t, etc. propriated or "N" if non-appro	tate Building Code
2001-2003 Biennium Actual	\$268,072		fessions Account	priatou
2003-2005 Biennium Estimate	\$268,072		fessions Account	
<ul> <li>9. Expected consequences if Board/Commit transferred to another agency (specify), or or another agency working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.</li> <li>10. Legal authorization: State Constitution RCW 18.79.070</li> <li>12. Appointing Authority: Governor</li> <li>14. Does Board/Commission have subpoend</li> </ul>	c) were dropped.  b) Professional known be lost. Most like of Licensing.  Article, RCW, WAC or EO	wledge and expe	rtise would c) The responded the protect the contract of the c	onsibilities are necessary to e public from incompetent or ed practitioners.
☐ Yes ☐ No	na powers?		one two three	
16. Required Representation:				
Must be a resident of the United States and Watheir profession and engaged in practice within 17. Federal or other mandates:  None	two years of appointment.	Two public mem 1	bers with no past or present livel 8. Other existing organization could satisfy the mandate None	ihood from health care. is state, local or private, which is listed in number 17:
19. Certification: <i>I hereby certify via electron</i>			·	
Terry J. West, Deputy Exec. Director  Name and Title		<u>O Box 47864, Ol</u> <b>ddr</b> ess	ympia, WA 98504-7864	360-236-4712 Phone

Board of Nursing Home Administra	tors			
1. Board/Commission Name (B/C)  2. Name B/C reported			B/C reported under in 2001 or	Unchanged 🗵
Washington State Department of Health		1970	9	8
3. Agency to which B/C reports		ear B/C was stablished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: Adopt rules, license eligible candidates, and d	iscipline licensed nursi	ng home administrat	ors.	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accou	Sources of Fu fund sources, e.g., G.F. State, nt, etc. appropriated or "N" if non-app	, State Building Code
2001-2003 Biennium Actual	\$16,896		ofessions Account	•
2003-2005 Biennium Estimate	\$16,896		ofessions Account	
9. Expected consequences if Board/Comm transferred to another agency (specify), or		d and responsibilit	ies: a) were assigned to existi	ng/additional staff, b) were
<ul> <li>a) The impact of losing board direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.</li> <li>10. Legal authorization: State Constitution</li> </ul>	would not b other agend			also regulates nursing homes ining public protection.
Chapter 18.52 RCW  12. Appointing Authority: Governor			<ul><li>☐ Specific ⊠ General</li><li>13. Is Senate confirmation remains</li></ul>	equired?
			☐ Yes ⊠ No	
14. Does Board/Commission have subpoer  ☐ Yes ☐ No	na powers?		15. Board/Commission mem ☐ one ☐ two ☐ three ☐	
<ul> <li>16. Required Representation: Four licensed NHA with 4 years experience services in nursing homes or employed by education or long-term care; and one resident. </li> <li>17. Federal or other mandates: None </li> </ul>	an educational institu	tion with special know	wledge or expertise in health can e for Medicare. 18. Other existing organizati	
19. Certification:	, ,,,,,,,,,,		,, ,	
I hereby certify via electronic	submittal that the ab	ove information is a	complete and correct to the bes	st of my knowledge.
Terry J. West, Deputy Exec. Director  Name and Title	7/21/03 <b>Dat</b> e	PO Box 47864 Address		360-236-4712 <b>Phon</b> e